

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		06/09/01
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	32	06/14
FORMALITY REVIEW	BZ	32-883	07-26-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 - Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	4/6/03
2	4/6/03
3	4/6/03
4	4/6/03
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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